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Docket Number

WSP243US

| | 7 2009 | Commissioner for P.O. Box 14 Alexandria, Virginia 2 | Patents 50 | | | | | | |
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| THE STATE OF THE S | <u> </u> | Title of Inventi | | | | | | | |
| COMBINED COSME | COMBINED COSMETICE THERAPEUTIC PREPARATION | | | | | | | | |
| | | | | | | | | | |
| First Named Inventor | Cabriela Pluma | | | · | | | | | |
| Application No. | Application No. 10/579,121 | | | | | | | | |
| Filing Date | May 10, 2006 | | | | | | | | |
| Examiner Sheridan R. Macauley | | | | | | | | | |
| Art Unit | 1651 | | | | | | | | |
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| I ransmitted herewith | Transmitted herewith is an amendment in the above-identified application. | | | | | | | | |
| The fee has been cald | culated and is transn | nitted as shown below. | | | | | | | |
| X Applicant claim | s Small Entity Stat | us. See 37 CFR 1.27. | | | | | | | |
| | | | · | | | | | | |
| | | Fee Calculation | on | | | | | | |
| | | Claims as Amend | ed | | | | | | |
| For | #Filed | #Previously Paid For | #Extra | Rate | Fee | | | | |
| Total Claims | 21 | - 20 = | 1 | x 26 = | \$26 | | | | |
| Total Indep. Claims | 1 | - 3 = | bask if applie | x 110 = | | | | | |
| | M | ultiple Dependent Claims (c | песк іт аррііс | TOTAL | 636 | | | | |
| | | " . | | TOTAL | \$26 | | | | |
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| | | Method of Payn | | | | | | | |
| | □ Deposit Account □ Credit Card ☑ Check □ Money Order □ Other: | | | | | | | | |
| Deposit Account Number 50-0822 | | | | | | | | | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | | | | | | | | | |
| | Charge the fee(s) set forth above Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | | | | | | | | |
| | Charge fee(s) indicated above, except for the filing fee | | | | | | | | |
| X Credit any overpayments | | | | | | | | | |
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Amendment Transmittal Letter

Docket Number

WSP243US

| Correspondence Address | | | | | | | | |
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| E-mail Address | E-mail Address | | | | | | | |
| Certificate of Mailing by Express Mail I hereby certify that this Amendment, accompanying documents, and fee (if appropriate) are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on the date indicated below: (Date of Mailing) (Typed or Printed Name of Person Mailing Correspondence) (Signature of Person Mailing Correspondence) | | Certificate of Mailing by First Class Mail I hereby certify that this Amendment, accompanying documents, and fee (if appropriate) are being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on the date indicated below: July 24, 2009 Michael L. Dunn (Name of Person Mailing Correspondence) Certificate of Transmission I hereby certify that this Amendment, accompanying documents, and fee (if appropriate) authorization are being facsimile transmitted to the United States Patent and Trademark Office on the date indicated below: (Date of Transmission) (Name of Person Transmitting Correspondence) | | | | | | |
| | | Signatu | ıre Instructions | | | | | |
| Select the name of the person who will electronically sign the Amendment from the drop-down box below. If a practitioner is not present in the drop-down list, you must close this form and select 'Add Practitioner' in the Form Manager's Utility menu. Verify that the signatory information is correct and press the 'eSign' button to electronically sign the submission. If you prefer to sign the form manually, simply do not click the 'eSign' button; just print and manually sign. Signatory Drop-Down Box Dunn, Michael L. | | | | | | | | |
| Name Michael L. Dunn | | | | Registration Number 25,330 | | | | |
| Signatory Capacit | y Attorney for Applicant(s) | $\overline{\overline{}}$ | E-mail Address | | | | | |
| eSign | Mubally | 7 | | | Date Signed | July 24, 200 g | | |